

Mauion Brown

Town

County

Died at *Naumony* *Chas.*

MARYLAND

Date 189 *8* *Sept* *12* *Y.* *M.* *D.* *md* *Naumony*
White *Married* *Widow* *Female* *Color* *Number of children living* *3*

Husband of *J Mae Brown*
 Wife *J Hancock*
 Father's Name *J Hancock*

Mother's Name *Sadie Hancock*

Cause of Death { Primary *puerperal* *121* How long sick *1 day*
 Immediate *In Embellism & P.P.Haw.* Accident *Swindled*

Reported by *SA Speaks* *md* - *called 6 or 8 hours*
 Address *after confinement & found in sinking condition*



Name in Full

Certificate of Death

Edward Claude Edelin

Town

County

Died at

6th Dist.

Charles

MARYLAND

Date 189

8

Month

Day

Sept. 25th

Y.

M.

D.

Age

17

Native of

Maryland

Occupation

Clerk

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Edward Edelin

Mother's

Name

Addie Virginia Sheriff

Cause of

Primary

Typhoid Fever

How long sick

3 weeks

Death

Immediate

Perforation - Peritonitis

Accident, Suicide, Homicide

Reported by

W. G. Fowler, M.D.
P. G. Co.

Address

Accokeek

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85968



Name in Full

Certificate of Death

Mrs Geo Goldring

Town

County

Died at

Bryantown

Chas

MARYLAND

Date 189

8

Month

Day

9

—

Age

Y.

M.

D.

35

Native of

Md

Occupation

House Wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Geo Goldring

Wife

Father's

Name

J. Butler

Mother's

Name

Louisa Butler

Cause of

Primary

Consumption 22a

How long sick

Death

Immediate

Pulmonary hemorrhage

Accident, Suicide, Homicide

Reported by

H. C. Chappell M.D.

Address

Hightstown

Charles County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

8

Month Day

Sept 2

Y. M. D.

Age

18 days

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

George W. Greenfield

Mother's

Name

Mother Greenfield

Cause of

Primary

161

How long sick

Death

Immediate

don't know

Accident, Suicide, Homicide

Reported by

J.E. Jay undertaker
Hengstler and

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

W. doer P.C.I 27

Mrs Geo Grunfield

Town

County

Died at

Hughesville Charlestown

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Sept

Age

about 40

Md

House Wife

~~Male~~

White

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Geo Grunfield

Mother's

Name

Cause of

Primary

Labor

117

How long sick

3 hrs

Death

Immediate

Post partum hemorrhage

Accident, Suicide, Homicide

Reported by

H. C. Chappell, Md

Address

Hughesville Char Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Zildis Ann Lancaster

Town

County

Died at

Marshall Hall

Charles

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Sept. 12"

Age

8 14

Md.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

161

Father's

Name

William Lancaster

Mother's

Name

Ellie Butler

Cause of

Primary

Unknown (Had no physician)

How long sick

6 weeks

Death

Immediate

Drooping

Accident, Suicide, Homicide

Reported by

The mother to Dr. J. H. Johns M.D.,

Address

Accokeek, P. G. Co.



Name in Full

Certificate of Death

Elizabeth Pyc

Town

County

Died at

Pomonkey

Charles

MARYLAND

Date 1898 Sept 22 Age 64 2 Native of Charles Co Occupation Book
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widow~~ Number of children living - 5

~~Wife~~ of Washington Pyc
 Father's Name Not Known Mother's Name Not Known

Cause of Death { Primary neglected Pneumonia How long sick 2 years
 Immediate Phthisis 22 a ~~Accident, Suicide, Homicide~~

Reported by Ruel K. Compton, M.D.
 Address Pomonkey Charles Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, #3388



Name in Full

Certificate of Death

Mrs Anna Kabe

Town

County

Died at

New Waldorf Charles

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

Sept - 15

Age

70

Charles Co. Maryland

Hemorrhage

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

none

Husband

of

Wife

Father's

Name

Mother's

Name

161

Cause of

Primary

Hemorrhage some hours

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. E. Joy

undertaker


Address

Hempstead

mch


Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



No answer.

P.C.T. 27



Name in Full

Certificate of Death

P. A. Sasser

Died at

MARYLAND

Town

County

Halden

Charles

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

5

10-30

Age

67

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

161

How long sick

3 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Eccit Democrat

10-5

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, SEER

THESE



Mary E Speake

Town

County

Died at *Naupom**Chas*

MARYLAND

Date 189*8* *Sept 23^d*Age *80* *1* *10* *md*

Native of

Occupation

White

Widow

Female

Number of children living

3

~~Wife~~
Wife of

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

